

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016264
STATE FILE NUMBER 3440

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D/ 3128 Delmar Blvd.			Length of stay in 15	d. STREET ADDRESS (If outside, give location) 3128 Delmar Blvd.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lina Middle Last O Neal				4. DATE OF DEATH Month Mar, Day 24, Year 1958			
5. SEX Female ³	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec, 18, 1867		9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Owensburg, Ky. 1		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Cherry Hart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Carrie Taylor 3128 Delmar Blvd.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - <i>Lobar Pneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							490x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Hypertensive Cardiac Disease and Senility</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>March 15/58</i> to <i>March 24</i> and last saw her alive on <i>March 22/58</i> Death occurred at <i>3128 Delmar</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W. H. H. M. D.</i>				22b. ADDRESS <i>13032 Kingshighway</i>		22c. DATE SIGNED <i>3-24-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <i>3/26/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Louisville, Ky.</i>		23d. LOCATION (City, town, or county) (State) <i>Louisville, Ky.</i>		
24. FUNERAL DIRECTOR <i>Wright Funeral Home</i>			ADDRESS <i>3100 Easton Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 25 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> <i>m 8 16</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Heilliard*.....

Licensed Embalmer No. *42*

P. O. Address *3100 East*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.